



**REASON FOR REFERRAL**

Describe in you own words your child’s speech-language-auditory problem.

\_\_\_\_\_

Please explain what you hope to learn from this evaluation.

\_\_\_\_\_

**BIRTH AND DEVELOPMENTAL HISTORY**

During this pregnancy, did the mother experience any unusual illness, condition or accident, such as German measles, false labor, RH incompatibility? If so, describe:

\_\_\_\_\_

Length of Pregnancy: \_\_\_\_\_

Duration of Labor: \_\_\_\_\_

Place: \_\_\_\_\_

Birth weight: \_\_\_\_\_

C-section or Vaginal Delivery \_\_\_\_\_

Any medication taken during pregnancy: \_\_\_\_\_

Other significant birth history/Unusual condition at or immediately after birth:

\_\_\_\_\_

Did the infant have feeding problems? Seizures?

\_\_\_\_\_

**DEVELOPMENTAL MILESTONES**

When did the child first hold up his/her head?

\_\_\_\_\_

When did the child begin to sit unassisted?

\_\_\_\_\_

When did the child begin babbling?

\_\_\_\_\_

When did the child begin crawling?

\_\_\_\_\_

When did the child begin standing?

\_\_\_\_\_

When did the child begin walking?

\_\_\_\_\_

Does the child fall or lose balance easily?

\_\_\_\_\_

Does the child seem awkward or uncoordinated?

\_\_\_\_\_

Weight of child at present

\_\_\_\_\_

Height of child at present

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**MEDICAL/SOCIAL/EMOTIONAL HISTORY**

List below all illnesses, accidents, and operations that the child has had and indicate the severity:

<u>Illness etc.</u>	<u>Age of child</u>	<u>Duration</u>	<u>Severity</u>	<u>After effects</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is there a history of middle ear infections? \_\_\_\_\_

If yes at what age? \_\_\_\_\_

Does the child have any allergies? Asthma? \_\_\_\_\_

Is the child taking any medication at the present time? \_\_\_\_\_

If yes please list the medications and the reason for taking them: \_\_\_\_\_

\_\_\_\_\_

Has the child been seen by any other doctor other than his/her regular doctor? Explain.

What is the child's overall general health?

Is there any history or neurological, hearing, psychological or hereditary problems in the immediate family or parents' families?

If so please describe.

\_\_\_\_\_

Is the child "nervous"?

How does he/she show it? \_\_\_\_\_

\_\_\_\_\_

Has s/he been harder to manage than other children?

At what age did the child enter school?

Were grades repeated?

Has s/he ever been evaluated in school?

Is s/he in regular or special education?

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How is his/her reading ability? (at grade level, below, above)

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Does s/he receive any special services in school? (e.g. reading, speech)

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Does child separate from parent?

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Does the child have good eye contact?

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How does the child interact with other adults? With other children?

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What is the child's favorite toy or activity?

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**AUDIOLOGICAL:**

Has an audiological evaluation been conducted? If yes when and where?

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**FEEDING ISSUES**

Does the child drink using a cup? A straw?

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Does the child feed him/herself? What utensils does the child use?

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Does the child have difficulty chewing or swallowing?

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**SPEECH & LANGUAGE HISTORY**

Does the child follow commands?

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Does the child point and gesture?

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Does the child identify body parts, shapes, colors?

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Does the child identify familiar objects?

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At what age did the child say his/her first words?

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What were they?

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Did s/he produce one or two words and then after a long time produce others?

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Did s/he keep adding words once s/he started to talk?

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At what age did s/he make small sentences such as: "Want drink" or "Me out"?

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Does the child imitate speech?

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Does the child answer “wh” or yes/no questions?

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Does the child label body parts, familiar objects?

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Does the child sing songs, rhymes, and says his/her ABC’s?

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How is the child’s speech intelligibility?

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At what age did s/he make more complete short sentences?

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At this point, does s/he talk in words? Phrases? Sentences?

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Did speech-language learning ever seem to stop for a period?

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Has s/he ever talked better than s/he does now?

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Does s/he seem to be aware of his/her speech difference?

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What efforts have been made to help him/her talk better?

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When, and by whom was the speech-language difference first noticed?

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Is the child teased about his communication skills by others?

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What is his/her reaction to his/her speech?

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Does the child have difficulty understanding speech or following instructions?

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Has the child had a prior speech, hearing, or psychological examination?

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If so, please state when the examination was given, by whom and for what reason.

Type of examination                      Given when    By whom                      Reason for examination

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Has the child had prior speech, hearing, or psychological therapy?

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If so, please state when the therapy was given, by whom and the reason for termination.

Type of therapy                      Given when                      By whom                      Reason for termination

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If there is additional information which you feel will help us to understand you child better, please describe:

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All information will be held in strict confidence and not released to any person(s) without explicit authorization nor shared with any unauthorized person.

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